



A **xerox** Company

Provider Service Center Authorization

Please review and check the block(s) which pertain to you:

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Electronic remittance request (835):

I certify that I have authorized Service Center _____ to receive my electronic remittances (835) and that Service Center must have prior approval from ACS State Healthcare, LLC (ACS) to receive such electronic remittances. I also understand that I will continue to receive paper remittances **only** for the time period selected below after the electronic remittances start. **(If no time frame is selected below, the default is 60 days.)**

☐

30 days

☐

60 days

☐

90 days

☐

120 days

☐

I understand that only one service center can accept and process my electronic remittances. In order to facilitate the above, I need to terminate Service Center _____ effective on _____ for my 835s.

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Claims Status Request/Response (276/277):

I certify that I have authorized Service Center _____ to submit Claims Status Requests and receive Claims Status Responses to the Department of Medical Assistance Services.

* IF YOU DO NOT QUALIFY FOR A NPI AND ARE REQUESTING A NEW API IN YOUR ENROLLMENT PACKET, LEAVE THE NPI/API NUMBER BLANK AND IT WILL BE FILLED IN BY PROVIDER ENROLLMENT AFTER THE API IS ASSIGNED.

PROVIDER NAME

NPI/API NUMBER

SIGNATURE

DATE

TELEPHONE NUMBER

PRINTED NAME

TITLE

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